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## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/13/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of CT Myelogram C-spine.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

The reviewer is a Medical Doctor who is board certified in orthopedic surgery.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding the medical necessity of CT Myelogram C-spine.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):

Records reviewed:

Office Progress Notes- 7/31/2013, 9/11/2013,

MRI Report- 6/25/2013

Letter - 7/12/2013

Workers Compensation notes- 5/7/2013, 5/13/2013, 6/3/2013, 6/20/2013, 6/10/2013, 6/24/2013, 6/26/2013, 6/28/2013, 7/2/2013, 7/8/2013,  
Lab Reports- 5/7/2013, 5/9/2013, 6/7/2013

A copy of the ODG was not provided by the Carrier or URA for this review.

And all same duplicate records from patient.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was injured while working. This reportedly resulted in her striking her head on a metal support, as noted on 7/31/13. The claimant was noted to have recurrent pain in the neck/upper back, along with arm pain and numbness. On 9/11/13, it was noted that symptoms were worsening. "When she picks up her daughter her legs go numb." Examination findings included a painful and restricted range of motion of the cervical spine. Bilateral wrist strength was noted to be 4 of 5. Clonus was noted at the ankles. with hyper-reflexia at the knees. A 7/25/13 dated cervical spine MRI reportedly revealed an upper thoracic spine syrinx. The cervical MRI was also noted to reveal a C5-6 bulge contacting the cord on axial images per the AP records (although was noted to be negative on the radiologist's report). A possible T4-5 bulge with neural compression was also noted. The thoracic MRI was noted to reveal a T2 level spinal syrinx.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The claimant's subjective findings are noted to be worsening. The claimant has rather severe neurologic findings noted on examination clinically. The MRI of the cervical spine has been noted to be relatively unremarkable by the radiologist. A disc bulge was noted in the cervical spine with an adjacent spinal syrinx. There is "known cervical spine trauma: equivocal or positive plain films with neurological deficit."

There is also a "poor correlation of physical findings with MRI studies" as noted in the ODG criteria below. Therefore; applicable ODG criteria have been met for a CT myelography of the cervical spine. The request is considered medically reasonable and necessary at this time.

**Reference:** ODG Neck and Upper Back Chapter

#### **Indications for imaging -- CT (computed tomography):**

- Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet
- Suspected cervical spine trauma, unconscious
- Suspected cervical spine trauma, impaired sensorium (including alcohol and/or drugs)
- Known cervical spine trauma: severe pain, normal plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films with neurological deficit

#### **ODG Criteria for Myelography and CT Myelography:**

1. Demonstration of the site of a cerebrospinal fluid leak (postlumbar puncture headache, postspinal surgery headache, rhinorrhea, or otorrhea).
2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery.

3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord.
4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord.
5. Poor correlation of physical findings with MRI studies. OR 6. Use of MRI precluded because of:
  - a. Claustrophobia
  - b. Technical issues, e.g., patient size
  - c. Safety reasons, e.g., pacemaker

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)